

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

ASD SPECIALTY HEALTHCARE, INC. d/b/a
ONCOLOGY SUPPLY COMPANY
2801 Horace Shepard Drive
Dothan, Alabama 36303,

Plaintiff,

v.

ROBERT G. HICKES, M.D.
1301 Trumansburg Road
Suite Q
Ithaca, NY 14850,

Defendant.

CIVIL ACTION

NO.: 1:05cv592 - T

**PLAINTIFF'S FIRST SET OF REQUESTS FOR ADMISSIONS ADDRESSED TO
DEFENDANT ROBERT G. HICKES, M.D.**

TO: ROBERT G. HICKES, M.D.
C/o Ellis Brazeal, III, Esquire
Walston, Wells, Anderson & Birchall LLP
1819 5th Avenue North, Suite 1100
Birmingham, Alabama 35203

Pursuant to Rule 36 of the Federal Rules of Civil Procedure, the Plaintiff, by and through its undersigned attorneys, directs the following requests for admissions to the Defendant Robert G. Hickes, M.D. ("Hickes"). Pursuant to the Federal Rules of Civil Procedure, you are hereby notified to provide written answers under oath to the following Requests. Your answers must be filed within thirty (30) days after the service of these Requests upon you. Failure to file answers will result in each Request being admitted. Your answers shall admit or deny the matter or set forth in detail reasons why you cannot truthfully do so. A denial shall fairly meet the substance of the requested admission. If you must qualify an answer or deny only part of the matter of



which an admission is requested, you shall specify so much of it as is true and qualify or deny the remainder. You may not give lack of information or knowledge as a reason for failure to admit or deny unless it is stated that reasonable inquiry has been made and that the information known to you or readily obtainable by you is not sufficient to enable you to admit or deny.

I. DEFINITIONS

As used in these Requests, the following terms shall have the meaning set forth below:

A. "Plaintiff" means the plaintiff, ASD Specialty Healthcare Inc. d/b/a Oncology Supply Company, and its predecessors-in-interest, and any officers, partners, agents, representatives and/or employees of any of them.

B. "Hickes" means Robert G. Hickes, M.D., and his agents, representatives and/or employees.

C. "You" or "your" means Hickes.

D. "Defendant" shall mean Hickes.

E. "The Action" shall mean the above-captioned action in which a complaint was filed against the Defendant.

F. "The Complaint" shall mean the Complaint, at the above-captioned docket number.

G. "The Answer" shall mean the answer to the Complaint, filed by the Defendant on or about August 26, 2005.

H. "The Interrogatories" shall mean the Plaintiff's First Set of Interrogatories addressed to the Defendant.

I. "The Admissions" shall mean the Plaintiff's First Set of Requests for Admissions Directed to the Defendant.

J. "Person" means any natural individual or any corporation, firm, partnership, proprietorship, association, joint venture, governmental entity or any business organization or any other entity.

K. "Document" means any kind of written or graphic material, however produced or reproduced, of any kind or description, whether sent or received or neither, which is in your possession, custody and/or control, including originals, non-identical copies, and drafts and both written sides of such material, including but not limited to any and all written, filmed, graphic and audio or visually recorded matter of every kind and description however produced or reproduced, whether draft or final, original or reproduction, whether performed or reproduced or on paper, cards, tapes, film, electronic facsimile, electronic mail, computer storage devices, or any other media, including but not limited to, papers, books, letters, writings, magazines, advertisements, periodicals, bulletins, circulars, pamphlets, statements, notices, reports, rules, regulations, directives, teletype messages, photographs, objects, tangible things, correspondence, telegrams, cables, telex messages, interoffice communications, interoffice communications, memoranda, notes, notations, records, work papers, transcripts, minutes, reports and recordings of telephone or other conversations, or of interviews, conferences, meetings, affidavits, statements, CD ROM, floppy or hard disks, charts, graphs, specifications, drawings, blueprints, summaries, opinions, proposals, reports, studies, analyses, audits, evaluations, contracts, agreements, covenants, understandings, permits, licenses, journals, statistical records, ledgers, books of account, bookkeeping entries, financial statements, tax returns, vouchers, checks, check stubs, invoices, receipts, desk calendars, appointment books, diaries, lists, tabulations, summaries, time sheets, logs, sound output, microfilms, microfiches, all records kept by electronic, photographic or mechanical means, tapes, computer tapes, tape recordings, computer

printouts, input-output computer systems and all other informal or formal writing or tangible things on which any handwriting, typing, printing, sound signal impulse or symbol is recorded or reproduced and any and all amendments or supplements to any of the foregoing whether prepared by you or any other person, and all things similar to any of the foregoing documents. If a document is referred to, the reference shall include, but shall not be limited to, the original and each and every copy and draft thereof differing in any way from the original, if an original exists, or each and every copy and draft if no original exists.

L. "Concerning" means relating to, referring to, describing, evidencing, regarding or constituting.

M. "Communication(s)" means any manner of transmitting or receiving information, opinions or thoughts, whether orally, in writing or otherwise.

N. "All documents" means any and all documents as defined above that are known to you or that can be located or discovered by your reasonably diligent efforts.

II. RULES OF CONSTRUCTION

A. "All" and "each" shall be construed as both all and each.

B. The connective "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery requests all responses that otherwise might be construed to be outside of its scope.

C. The singular includes the plural and vice versa.

III. INSTRUCTIONS

a. Answer each Request separately and fully unless you object to it, in which case you should specifically state the reason for your objection.

b. To the extent you object in part to any Request, answer that part of the request in question to which no objection is asserted.

c. In answering these Requests, you should furnish all information available to you at the time of answering.

d. Unless otherwise stated, the relevant time period (the "Relevant Period") covering each Request is from January 1, 2003, to the current time.

e. Where precise or exact information, data or dates are not available or known, state approximate information data or dates and state that you have done so.

f. When identifying an individual, state his or her full name; current or last known address; current or last known employer; title or job designation; and an employer and title or job designation at the time of the events referred to in the interrogatory or your answer to it.

g. In addition, state the person whom the individual was representing or for whom the individual was acting, if any.

h. When identifying a business organization or governmental entity, state its name and address and the name and address of each of its agents who acted for it with respect to the matters relating to the Request in question and your relationship with it.

i. Whenever you answer a Request on information and/or belief, state the source of your information and/or the basis for your belief.

j. In each instance where you deny knowledge and/or information sufficient to answer any part of a Request, state the name and address of each person, if any, known or believed to have such knowledge and/or information.

REQUEST FOR ADMISSION NO. 1

Admit that, beginning in 2004, Hickes ordered and received from Plaintiff medical, pharmaceutical and other products on an ongoing basis.

REQUEST FOR ADMISSION NO. 2

Admit that, as of March 31, 2005, the total principal balance due to Plaintiff from Hickes for goods shipped to or for the benefit of Hickes was in excess of \$177,253.77.

REQUEST FOR ADMISSION NO. 3

Admit that the invoices attached hereto as Exhibit "A" are true and correct copies of invoices received by you.

REQUEST FOR ADMISSION NO. 4

Admit that the items listed on the invoices attached hereto as Exhibit "A" were received by you from the Plaintiff.

REQUEST FOR ADMISSION NO. 5

Admit that you have never objected to the amounts set forth in any of Plaintiff's invoices attached hereto as Exhibit "A."

REQUEST FOR ADMISSION NO. 6

Admit that the invoices attached hereto as Exhibit "A" reflect the amounts you owe to the Plaintiff.

REQUEST FOR ADMISSION NO. 7

Admit that you have not paid any of the amounts shown on the invoices attached hereto as Exhibit "A."

REQUEST FOR ADMISSION NO. 8

Admit that, as of March 31, 2005, Hickes could not pay his bills as and when they came due.

REQUEST FOR ADMISSION NO. 9

Admit that Plaintiff invoiced Hickes for medical and pharmaceutical supplies.

REQUEST FOR ADMISSION NO. 10

Admit that you know of no facts that would constitute a waiver by Plaintiff of its right to bring the Action against you.

REQUEST FOR ADMISSION NO. 11

Admit that you know of no facts that would estop Plaintiff from bringing the Action against you.

REQUEST FOR ADMISSION NO. 12

Admit that there is no course of performance or course of dealings between Plaintiff and Hickes that would constitute a modification or waiver of the payment obligations alleged in the Complaint.

REQUESTS FOR ADMISSION NO. 13

Admit that you know of no facts that would constitute lack of consideration on the part of Plaintiff in its dealings with Hickes.

REQUEST FOR ADMISSION NO. 14

Admit that you know of no facts that support your claim that there is a lack of personal jurisdiction over you.

REQUEST FOR ADMISSION NO. 15

Admit that when you ordered products from Plaintiff, you knew that you could not pay for these products.

REQUEST FOR ADMISSION NO. 16

Admit that you are a citizen of New York with an address of 1301 Trumansburg Road, Suite Q, Ithaca, New York 14850.

REQUEST FOR ADMISSION NO. 17

Admit that you communicated with and solicited business with the Plaintiff.

REQUEST FOR ADMISSION NO. 18

Admit that you negotiated with the Plaintiff.

REQUEST FOR ADMISSION NO. 19

Admit that you requested that the Plaintiff ship products to you.

REQUEST FOR ADMISSION NO. 20

Admit that you submitted documents to the Plaintiff.

REQUEST FOR ADMISSION NO. 21

Admit that you contracted with the Plaintiff.

REQUEST FOR ADMISSION NO. 22

Admit that you requested Plaintiff to sell and deliver pharmaceutical and other products to you on open account.

REQUEST FOR ADMISSION NO. 23

Admit that you failed and refused and continue to fail and refuse to make payment to Plaintiff in accordance with your obligations despite the fact that Plaintiff sent the invoices attached hereto as Exhibit "A" to you and demanded payment from you.

REQUEST FOR ADMISSION NO. 24

Admit that you breached the terms of the agreement between you and the Plaintiff.

REQUEST FOR ADMISSION NO. 25

Admit that the summary attached hereto as Exhibit "B" accurately reflects the outstanding principal balance owed by you to the Plaintiff.

BURR & FOREMAN, LLP

By:

A handwritten signature in black ink, appearing to read "James R. Robinson", written over a horizontal line.

James R. Robinson (ROB 013)

Heath A Fite (FIT 011)

Attorneys for Plaintiff

OF COUNSEL:

BURR & FORMAN LLP

3100 SouthTrust Tower

420 North 20th Street

Birmingham, Alabama 35203

Telephone: 205-251-3000

Facsimile: 205-458-5100

CERTIFICATE OF SERVICE

I hereby certify that on the 18th day of October, 2005, I caused a true and correct copy of Plaintiff's First Set Of Requests For Admissions Addressed To Robert G. Hickes, M.D. to be served on the following by hand delivery:

Ellis Brazeal, III, Esquire
Walston, Wells, Anderson & Birchall LLP
1819 5th Avenue North, Suite 1100
Birmingham, Alabama 35203

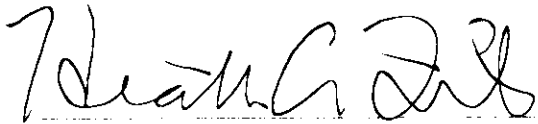

Of Counsel

EXHIBIT "A"



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO 13010827692

DATE	PAGE	ROUTE
01-04-2005	1 of 2	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

2022-1866*1F31ESAQQ000216

ORDER # / DATE	ACCOUNT NUMBER	LOB / CUSTOMER TYPE	SALESPERSON / DEPT	CUSTOMER PD / TERMS
320603966	A 000030075	C 000030075	OSC	DOT077 DOT020
01-04-2005	B 000030075	D 000030075	030	2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/C	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
18	18	0	11629	RX	ANZEMET 100MG PF SDV 5ML NDC # -- 00088-1206-32	40 21	EA	723 78
1	1	0	12832	MS	BD NEEDLE 21G 1" 5165 100/BX NDC # -- 08290-3051-65	5 37	BX	5 37
1	1	0	11548	RX	CISPLATIN P/F 50MG MDV 50ML NDC # -- 63323-0103-51	10 27	EA	10 27
	3	0	24941	RX	FLUDARABINE 50MG/2ML SOL NDC # -- 00703-4852-11	264 54	EA	793 62
1	1	0	25473	RX	PACITAXEL IN J 100MG MDV NDC # -- 55390-0114-20	56 38	EA	56 38
1	1	0	10510	RX	PROCRT 10M UN/ML VL 6X1ML NDC # -- 59576-0310-01	608 43	pk	608 43

Comments:

SUBTOTAL

11,550.01

TOTAL TAX

0.00

AMOUNT DUE

11,550.01

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1F31FLMI1:1 2

If postmarked by 01-19-2005 Pay \$ 11319.01
If postmarked by 02-18-2005 Pay \$ 11434.51
If postmarked by 03-20-2005 Pay \$ 11550.01
If postmarked after 03-20-2005 Pay \$ 11665.51
Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

CUSTOMER NUMBER	000030075
INVOICE NUMBER	13010827692
INVOICE DATE	01-04-2005
AMOUNT DUE	\$ 11,550.01
DUE DATE	03-20-2005



ONCOLOGY SUPPLY
Put Us Into Practice

Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER

AMOUNT PAID

\$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010827692000001155001000000032020050



P.O. Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010827692

DATE	PAGE	ROUTE
01-04-2005	2 of 2	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

2022-1866*1F31ESAQQ000216

ORDER # / DATE	ACCOUNT NUMBER		LOB / CUSTOMER TYPE	SALESPERSON / DEPT		CUSTOMER PO / TERMS
320603966	A 000030075	C 000030075	OSC	DOT077	DOT020	
01-04-2005	B 000030075	D 000030075	030			2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
1	1	0	11320	RX	PROCIT 20MUN/ML MDV 6X1ML NDC # -- 59676-0320-01	1216 86	pk TAX:	1216 86 0 00
2	2	0	10982	RX	PROCIT 40M UN/ML VL 4X1ML NDC # -- 59676-0340-01	1622 48	pk TAX:	3244 96 0 00
	1	0	12254	RX	SOD CHL 0.9% PF 25X50ML NDC # -- 00074-4888-50	18 69	pk TAX:	18 69 0 00
5	5	0	11381	RX	TAXOTERE 20MG/5ML SDV 0.5ML NDC # -- 00075-8001-20	282 22	EA TAX:	1411 10 0 00
1	1	0	11380	RX	TAXOTERE 40MG/ML(80MG) SDV 2ML NDC # -- 00075-8001-80	1128 86	EA TAX:	1128 86 0 00
3	3	0	23328	RX	ZOMETA INJ 4MG/5ML VIAL NDC # -- 00078-0387-25	177 23	EA TAX:	2331 69 0 00

SUBTOTAL

11,550.01

TOTAL TAX

0.00

AMOUNT DUE

11,550.01



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010833374

DATE	PAGE	ROUTE
01-10-2005	1 of 1	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

2022-1866*1F91EWAQK000162

ORDER # / DATE	ACCOUNT NUMBER	LOB / CUSTOMER TYPE	SALESPERSON / DEPT	CUSTOMER PO / TERMS
320607618	A 000030075 C 000030075	OSC	DOT080 DOT020	
01-10-2005	B 000030075 D 000030075	030		2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
2	2	0	12984	RX	ADRIAMYCIN 50MG USP SDV 25ML NDC # -- 55390-0237-01	37 11	EA	74 22
1	1	0	21618	RX	NEULASTA 6MG/0.6ML SYR NDC # -- 55513-0190-01	2388 03	EA	2388 03
2	2	0	24648	RX	PACLITAXEL INJ 100MG/16 7ML NDC # -- 61703-0342-22	56 38	EA	112 76
	1	0	22162	RX	PAMIDRONATE LIQ 9MG/ML SDV10ML NDC # -- 63323-0735-10	170 10	EA	170 10
3	3	0	10982	RX	PROCIT 40M UN/ML VL 4X1ML NDC # -- 59676-0340-01	1622 48	pk	4867 44
6	6	0	11381	RX	TAXOTERE 20MG/5ML SDV 0 5ML NDC # -- 00075-8001-20	282 22	EA	1693 32

Comments:

SUBTOTAL

9,305.87

TOTAL TAX

0.00

AMOUNT DUE

9,305.87

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1F91F1A1N:1 1

If postmarked by 01-25-2005 Pay \$ 9119.76
If postmarked by 02-24-2005 Pay \$ 9212.82
If postmarked by 03-26-2005 Pay \$ 9305.87
If postmarked after 03-26-2005 Pay \$ 9398.92
Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

CUSTOMER NUMBER	000030075
INVOICE NUMBER	13010833374
INVOICE DATE	01-10-2005
AMOUNT DUE	\$ 9,305.87
DUE DATE	03-26-2005



Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER

AMOUNT PAID

\$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010833374000000930587000000032620056



P O. Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010841697

DATE	PAGE	ROUTE
01-18-2005	1 of 2	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

2022-1866*1FH1EJRBZ000208

ORDER # / DATE	ACCOUNT NUMBER	JOB / CUSTOMER TYPE	SALESPERSON / DEPT	CUSTOMER PO / TERMS
320612613	A 000030075 C 000030075	OSC	DOT095 DOT020	
01-18-2005	B 000030075 D 000030075	030		2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
1	1	0	11153	RX	DIPHENHYDRAMNE 50MG VL 25X1ML NDC # -- 00641-0376-25	20 10	pk TAX:	20 10 0 00
2	2	0	21618	RX	NEULASTA 6MG/0.6ML SYR NDC # -- 55513-0190-01	2380 03	EA TAX:	4776 06 0 00
1	1	0	11303	RX	NEUPOGEN 300MCG VL 10X1 ML NDC # -- 55513-0530-10	1706 33	pk TAX:	1706 33 0 00
	1	0	10982	RX	PROCIT 40M UN/ML VL 4X1ML NDC # -- 59676-0340-01	1622 48	pk TAX:	1622 48 0 00
6	6	0	11381	RX	TAXOTERE 20MG/5ML SDV 0 5ML NDC # -- 00075-8001-20	282 22	EA TAX:	1693 32 0 00
2	2	0	11380	RX	TAXOTERE 40MG/ML(80MG) SDV 2ML NDC # -- 00075-8001-80	1128 86	EA TAX:	2257 72 0 00

Comments:

SUBTOTAL 14,407.70

TOTAL TAX 0.00

AMOUNT DUE 14,407.70

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1FH1EP6FQ:12

If postmarked by 02-02-2005 Pay \$ 14119.55
If postmarked by 03-04-2005 Pay \$ 14263.63
If postmarked by 04-03-2005 Pay \$ 14407.70
If postmarked after 04-03-2005 Pay \$ 14551.77
Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

CUSTOMER NUMBER	000030075
INVOICE NUMBER	13010841697
INVOICE DATE	01-18-2005
AMOUNT DUE	\$ 14,407.70
DUE DATE	04-03-2005



Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER	
AMOUNT PAID	\$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010841697000001440770000000040320051



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO 13010841697

DATE	PAGE	ROUTE
01-18-2005	2 of 2	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

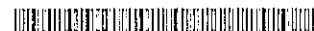
12345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565758596061626364656667686970717273747576777879808182838485868788899091929394959697989910010110210310410510610710810911011111211311411511611711811912012112212312412512612712812913013113213313413513613713813914014114214314414514614714814915015115215315415515615715815916016116216316416516616716816917017117217317417517617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021121221321421521621721821922022122222322422522622722822923023123223323423523623723823924024124224324424524624724824925025125225325425525625725825926026126226326426526626726826927027127227327427527627727827928028128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531631731831932032132232332432532632732832933033133233333433533633733833934034134234334434534634734834935035135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538638738838939039139239339439539639739839940040140240340440540640740840941041141241341441541641741841942042142242342442542642742842943043143243343443543643743843944044144244344444544644744844945045145245345445545645745845946046146246346446546646746846947047147247347447547647747847948048148248348448548648748848949049149249349449549649749849950050150250350450550650750850951051151251351451551651751851952052152252352452552652752852953053153253353453553653753853954054154254354454554654754854955055155255355455555655755855956056156256356456556656756856957057157257357457557657757857958058158258358458558658758858959059159259359459559659759859960060160260360460560660760860961061161261361461561661761861962062162262362462562662762862963063163263363463563663763863964064164264364464564664764864965065165265365465565665765865966066166266366466566666766866967067167267367467567667767867968068168268368468568668768868969069169269369469569669769869970070170270370470570670770870971071171271371471571671771871972072172272372472572672772872973073173273373473573673773873974074174274374474574674774874975075175275375475575675775875976076176276376476576676776876977077177277377477577677777877978078178278378478578678778878979079179279379479579679779879980080180280380480580680780880981081181281381481581681781881982082182282382482582682782882983083183283383483583683783883984084184284384484584684784884985085185285385485585685785885986086186286386486586686786886987087187287387487587687787887988088188288388488588688788888989089189289389489589689789889990090190290390490590690790890991091191291391491591691791891992092192292392492592692792892993093193293393493593693793893994094194294394494594694794894995095195295395495595695795895996096196296396496596696796896997097197297397497597697797897998098198298398498598698798898999099199299399499599699799899910001001100210031004100510061007100810091010101110121013101410151016101710181019102010211022102310241025102610271028102910301031103210331034103510361037103810391040104110421043104410451046104710481049105010511052105310541055105610571058105910601061106210631064106510661067106810691070107110721073107410751076107710781079108010811082108310841085108610871088108910901091109210931094109510961097109810991100110111021103110411051106110711081109111011111112111311141115111611171118111911201121112211231124112511261127112811291130113111321133113411351136113711381139114011411142114311441145114611471148114911501151115211531154115511561157115811591160116111621163116411651166116711681169117011711172117311741175117611771178117911801181118211831184118511861187118811891190119111921193119411951196119711981199120012011202120312041205120612071208120912101211121212131214121512161217121812191220122112221223122412251226122712281229123012311232123312341235123612371238123912401241124212431244124512461247124812491250125112521253125412551256125712581259126012611262126312641265126612671268126912701271127212731274127512761277127812791280128112821283128412851286128712881289129012911292129312941295129612971298129913001

2022-1866*1FH1EJRBZ000208

ORDER # / DATE	ACCOUNT NUMBER		JOB / CUSTOMER TYPE	SALES PERSON / DEPT		CUSTOMER PO / TERMS
320612613	A 000030075	C 000030075	OSC	DOT095	DOT020	
01-18-2005	B 000030075	D 000030075	030			2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
3	3	0	23328	RX	ZOMETA INJ 4MG/5ML VIAL NDC # -- 00078-0387-25	777.23	EA TAX:	2331.69 0.00

SUBTOTAL	14,407.70
TOTAL TAX	0.00
AMOUNT DUE	14,407.70





P.O. Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2446 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010847488

DATE	PAGE	ROUTE
01-24-2005	1 of 2	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

2022-1866*1FN1EO7BN000224

ORDER # / DATE	ACCOUNT NUMBER	LOB / CUSTOMER TYPE	SALESPERSON / DEPT	CUSTOMER PO / TERMS
320616082	A 000030075 C 000030075	OSC	DOT096 DOT020	
01-24-2005	B 000030075 D 000030075	030		2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
1	1	0	22004	RX	FASLODEX 250MG PF SYR 1X5ML NDC # -- 00310-0720-50	816 97	pk TAX:	816 97 0 00
2	2	0	24941	RX	FLUDARABINE 50MG/2ML SOL NDC # -- 00703-4852-11	264 54	EA TAX:	529 08 0 00
1	1	0	23961	RX	HERCEPTIN 440MG MDV 20ML NDC # -- 50242-0134-68	2255 63	EA TAX:	2255 63 0 00
	1	0	21618	RX	NEULASTA 6MG/0.6ML SYR NDC # -- 55513-0190-01	2388 03	EA TAX:	2388 03 0 00
1	1	0	10510	RX	PROCIT 10M UN/ML VL 6X1ML NDC # -- 59676-0310-01	608 43	pk TAX:	608 43 0 00
1	1	0	11320	RX	PROCIT 20MUN/ML MDV 6X1ML NDC # -- 59676-0320-01	1216 86	pk TAX:	1216 86 0 00

Comments:

SUBTOTAL

14,728 80

TOTAL TAX

0 00

AMOUNT DUE

14,728 80

* A Division of AmerisourceBergen Specialty Group.

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1FN1ETG33:1 2

If postmarked by 02-08-2005 Pay \$ 14434 23
If postmarked by 03-10-2005 Pay \$ 14581 52
If postmarked by 04-09-2005 Pay \$ 14728 80
If postmarked after 04-09-2005 Pay \$ 14876 08
Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

CUSTOMER NUMBER	000030075
INVOICE NUMBER	13010847488
INVOICE DATE	01-24-2005
AMOUNT DUE	\$ 14,728 80
DUE DATE	04-09-2005



Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER	
AMOUNT PAID	\$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010847488000001472880000000040920055



P.O. Box 2001
Dolhan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010847488

DATE	PAGE	ROUTE
01-24-2005	2 of 2	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

[illegible]

2022-1866*1FN1EO7BN000224

ORDER # / DATE	ACCOUNT NUMBER		LOB / CUSTOMER TYPE	SALESPERSON / DEPT		CUSTOMER PO / TERMS
320616082	A 000030075	C 000030075	OSC	DOT096	DOT020	
01-24-2005	B 000030075	D 000030075	030			2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/C	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	D/M	EXTENDED PRICE
2	2	0	10982	RX	PROCRIT 40M UN/ML VL 4X1ML NDC # -- 59676-0340-01	1622 48	pk TAX:	3244 96 0 00
9	9	0	11381	RX	TAXOTERE 20MG/5ML SDV 0 5ML NDC # -- 00075-8001-20	282 22	EA TAX:	2539 98 0 00
	1	0	11380	RX	TAXOTERE 40MG/ML(80MG) SDV 2ML NDC # -- 00075-8001-80	1128 86	EA TAX:	1128 86 0 00

SUBTOTAL	14,728.80
TOTAL TAX	0.00
AMOUNT DUE	14,728.80





P.O. Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO 13010848927

DATE	PAGE	ROUTE
01-25-2005	1 of 1	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

2022-1866*1F01EUYCX000158

ORDER # / DATE	ACCOUNT NUMBER		LOB / CUSTOMER TYPE	SALESPERSON / DEPT		CUSTOMER PO / TERMS
320616082	A 000030075	C 000030075	OSC	DOT095	DOT020	
01-24-2005	B 000030075	D 000030075	030			2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
1	1	0	11327	RX	SOD CHL 0.9%EXCEL SOL 24X250ML NDC # -- 00264-7800-20	35.23	CS TAX:	35.23 0.00
2	2	0	16984	MS	TERUMO HYPOD 18GX1 5NDL 100/BX Prod Code-- NN1838R	4.04	BX TAX:	8.08 0.00
1	1	0	18601	MS	VENOSET LS VENT 78" W/Y 48/CS NDC # -- 00741-1545-58	61.06	CS TAX:	61.06 0.00

Comments:

SUBTOTAL

104.37

TOTAL TAX

0.00

AMOUNT DUE

104.37

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PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1F01F03XM:1 1

If postmarked by 02-09-2005 Pay \$ 102.29
If postmarked by 03-11-2005 Pay \$ 103.33
If postmarked by 04-10-2005 Pay \$ 104.37
If postmarked after 04-10-2005 Pay \$ 105.41
Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

CUSTOMER NUMBER	000030075
INVOICE NUMBER	13010848927
INVOICE DATE	01-25-2005
AMOUNT DUE	\$ 104.37
DUE DATE	04-10-2005



Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER

AMOUNT PAID

\$

Please
Remit
To:

ONCOSUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010848927000000010437000000041020056



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010854314

DATE	PAGE	ROUTE
01-31-2005	1 of 1	ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

2022-1866*1FV008AT6000144

ORDER # / DATE	ACCOUNT NUMBER	LOB / CUSTOMER TYPE	SALESPERSON / DEPT	CUSTOMER PO / TERMS
320620292	A 000030075	C 000030075	OSC	DOT077 DOT020
01-31-2005	B 000030075	D 000030075	030	2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
2	2	0	21618	RX	NEULASTA 6MG/0.6ML SYR NDC # -- 55513-0190-01	2388 03	EA TAX:	4776 06 0 00
2	2	0	25473	RX	PACLITAXEL IN J 100MG MDV NDC # -- 55390-0114-20	50 23	EA TAX:	100 46 0 00
6	6	0	11381	RX	TAXOTERE 20MG/5ML SDV 0 5ML NDC # -- 00075-8001-20	282 22	EA TAX:	1693 32 0 00
	3	0	23328	RX	ZOMETA INJ 4MG/5ML VIAL NDC # -- 00078-0387-25	777 23	EA TAX:	2331 69 0 00

Comments:

SUBTOTAL

8,901.53

TOTAL TAX

0.00

AMOUNT DUE

8,901.53

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1FV00A9ME:1 1

If postmarked by 02-15-2005 Pay \$ 8723.50
If postmarked by 03-17-2005 Pay \$ 8812.52
If postmarked by 04-16-2005 Pay \$ 8901.53
If postmarked after 04-16-2005 Pay \$ 8990.54
Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

CUSTOMER NUMBER	000030075
INVOICE NUMBER	13010854314
INVOICE DATE	01-31-2005
AMOUNT DUE	\$ 8,901.53
DUE DATE	04-16-2005



ONCOLOGY SUPPLY
Put Us Into Practice

Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER

AMOUNT PAID \$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010854314000000890153000000041620056

EXHIBIT "B"

Dr. Robert Hickey

Invoice History Report for Accounts: 30075

Invoices for the period of 01/2005 through 10/2005

Account #	Invoice #	Purchase Order #	Invoice Date	Invoice Due Date	Paid Date	Gross Invoice	Total Tax	Balance
30075	130-10827692		1/4/2005	3/20/2005		\$11,550.01	\$0.00	\$11,550.01
30075	130-10833374		1/10/2005	3/26/2005		\$9,305.87	\$0.00	\$9,305.87
30075	130-10841697		1/18/2005	4/3/2005		\$14,407.70	\$0.00	\$14,407.70
30075	130-10847488		1/24/2005	4/9/2005		\$14,728.80	\$0.00	\$14,728.80
30075	130-10848927		1/25/2005	4/10/2005		\$104.37	\$0.00	\$104.37
30075	130-10854314		1/31/2005	4/16/2005		\$8,901.53	\$0.00	\$8,901.53
							Total	\$58,998.28
							Total Outstanding Balance	\$177,253.77